

70  
10/19/00  
10/19/00

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DSW</i>	<i>32</i>	<i>11/21</i>
<b>FORMALITY REVIEW</b>	<i>TH</i>	<i>953</i>	<i>12-18-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	<i>9/23/00</i>
1	✓
2	✓
3	✓
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48	✓
49	✓
50	✓

Claim	Date
Final	<i>9/23/00</i>
Original	
51	✓
52	✓
53	✓
54	✓
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64	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy